

ORIGINAL

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

FILED
Date Received
Office (City)

MAR 22 2010

SANTA BARBARA COUNTY
ELECTIONS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
FARR	DOREEN	MARIE	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Santa Barbara County Board of Supervisors

Division, Board, District, if applicable:

Third District

Your Position:

Board Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Santa Barbara

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 22, 2010

Signature

(I am the originally signed statement with your filing agency.)

Attachment I

Farr, Doreen, Marie

Form 700- Conflict of Interest Disclosure Statement
For the-----Santa Barbara County Board of Supervisors

ADDITIONAL AGENCIES

Annual Statement

For Period Covering
January 1, 2009 through December 31, 2009

Member, Santa Barbara County Air Pollution Control District (APCD)
Member, Santa Barbara County Association of Governments (SBCAG)
Member, Santa Barbara County Redevelopment Agency
Member, Santa Barbara County Flood Control and Water Conservation District
Member, Santa Barbara County Water Agency
Member, In-home Supportive Services (IHSS) Public Agency
Member, South Coast Homeless Advisory Committee
Member, Indian Gaming Local Community Benefit Committee
Member, Santa Barbara Local Agency Formation Commission (LAFCO)